DAUWOYE

Annual Report 2021

DARAJA UNITED YOUTH AND WOMEN EMPOWERMENT

Empowering Youth and Women

MASABA BUILDING,KISII.|www.dauwoye.org

**Abbreviations and Acronyms**

AIDS- Acquired Immune Deficiency Syndrome

AOPs- Annual Operating Plans

BOT- Board of Trustees

CBOs- Community Based Organizations

DAUWOYE-Daraja United Women and Youth Empowerment Organization

cso- Civil Society Organizations

HIV- Human Immunodeficiency Virus

IPs- Implementing Partners

KRA- Key result area

NGOs- Non-Governmental Organizations

MOH- Ministry of Health

OVC- Orphans & Vulnerable Children

PLHIV - People Living with HIV

PP Global- Planned Parenthood Global

RH- Reproductive Health

RHN- Reproductive Health Network in Kenya

SDGs- Sustainable Development Goals

SGBV- Sexual & Gender Based Violence

SRHR- Sexual Reproductive Health Rights

EBI- Evidence-Based Interventions.

MHMC- My Health My Choice

HCBF- Healthy Choices for a Better Future

AGYW- Adolescent Girls and Young Women

BACKGROUND

Daraja United Women and Youth Empowerment (DAUWOYE) was incepted in 1997 as a self-help group going by the name of Bidii Women Group. The focus of the organization, back then was to create economic empowerment opportunities for women within Kisii Town. The, then self-help group gave the precedent of how to effectively scan and optimally leverage from existing income generating activities, and it is through this diligence that DAUWOYE grew to become a CBO known as Daraja United Women Group composed of 10 members in 1999. The main aim of Daraja United Women Group was to proliferate the economic empowerment gains achieved since the organization's inception and participate in HIV prevention activities. It was during this period that the HIV Declaration was made paving the way for the initiation of a variety of HIV Programs. The group's membership was also realigned with the new functions, with only those supporting the rights of HIV patients remaining.

The goal of the organization during this period was to improve the incomes of its beneficiaries by getting loans from *Care* *Kenya. In* 1999 our vision changed to incorporate health as a social empowerment initiative by accommodating activities geared towards addressing the problem of HIV/AIDS. Most notably, 10% of the profit generated from the women group's activities was channeled towards community capacity building biased to HIV/AIDS prevention and care. DAUWOYE took part in the home-based care program was well with the support of British Interns. The organization took part in several programs focusing on HIV/AIDs and sexual and reproductive health in general and in December 2007,we registered as an NGO (Non-Governmental Organization) under our current title, Daraja United Women and Youth Empowerment(DAUWOYE).

**The CEO Being Inaugurated to** the **National NGO Council**

The operations of the organization widened with its new status. In the past decade, DAUWOYE has implemented several projects geared towards benefiting the most vulnerable members of society. From 2015 to 2020, DAUWOYE finished implementing the Closing the Gap (CtG) program funded by Planned Parenthood Global. Currently, we are working with the Kenya Red Cross Society in implementing Global Fund's HIV Prevention Program. Following our commendable performances in project implementation, we had our area of implementation expanded to cover two constituencies, South Mugirango and Bomachoche-Borabu in the new phase of Global Fund's HIV Prevention Program (July 2021-June 2024).

We aim to galvanize our resources in the pursuit of growth and expand our implementation scope to cover the Western Region by 2025.

VISION

To be a center of reference in quality healthcare delivery and social-economic empowerment through partnership

MISSION

To alleviate barriers in accessing comprehensive health services and promote quality healthcare delivery while creating socio-economic empowerment opportunities for the vulnerable.

GOAL

To see a community that has basic private health facilities offering standard, quality care services.

DAUWOYE's Growth

**Daraja** United

**Youth and Women**

Daraja United

**Empowerment**

**Wamen Group**

**Drg.(DAUWOYE)**

**Bidii** **Wamen Self**

**CBO**

Help **Group**

(1997)Initatad as a Self-

(2000)Rngisured as a

(2007)Ragistered as an NGU

Halp Group

CBO

Concentrated

Incorporated

Specialty in

Health

prolierating

on

access to

Socioeconomic

promotion

healthcare and

empowerment

initiatives into

addressing unique

its core

health problems in

functions

the community.

CORE VALUES

Integrity

Honesty

Transparency

Accountability

Collaboration and partnership.

|  |
| --- |
| Year |
| 2001-2003 |
| 2004-2012 |

ORGANIZATIONAL OBJECTIVES

To improve access, utilization of quality, affordable and sustainable integrated reproductive health services to all communities.

To enhance access to socio-economic opportunities in the marginalized communities.

To create an enabling environment for sustainability and success of health and socio-economic program in the communities.

To conduct and document research to help inform in programming and decision-making efforts.

To Realign and improve the institutional development of DAUWOYE Kenya to deliver on its set mandate.

2021 in Review

DAUWOYE is a sub recipient of the Global Fund HIV grant in Kisii County. Currently we are implementing the HIV prevention program in Bomachoge Borabu and South Mugirango sub counties.

Dauwoye is implementing the following modules:

Prevention of mother to child transmission (PMTCT)

Treatment Care and Support (TCS)

Adolescents and Young People(AYP)

Discordant Couples(DC)

Men in High-Risk Setting(MHRS)

Reducing Human Rights-Related Barriers to HIV/TB services.

During the period in review, Dauwoye reached 1445 AGYW with HIV prevention programs-defined package of services out of which 366 AGYW were reached with HTS.

In TCS during the implementing period in review reached out 60 defaulters in the month of December whereby a few were returned to care while other reached by phone call and home visits.

Also,DAUWOYE implemented the one-off covid-19 activities as outlined n the work plan in quarter one.

In 2021 the total number of adolescents reached were 4385 out of the target of 3900 AGYW where by 2221 counselled on safe behavior and tested for HIV/AIDS. In HTS the target was also 3900 however due to stigma and discrimination associated with HIV in the community managed to screen and tested few who were legible for testing.

The numbers of beneficiaries reached 2018-2019

|  |  |  |  |
| --- | --- | --- | --- |
| INTERVENTION | MALE | FEMALE | TOTAL |
| SHUGA | 87 | 307 | 394 |
| MHMC | 130 | 361 | 491 |
| HCBF | 81 | 397 | 478 |
| FMPII | 68 | 210 | 278 |

|  |  |  |  |
| --- | --- | --- | --- |
| Outreach |  |  | 4,385 |
| S2S |  | 82 | 82 |

The numbers of beneficiaries reached 2020-2021

|  |  |  |  |
| --- | --- | --- | --- |
| INTERVENTION | MALE | FEMALE | TOTAL |
| SHUGA | 24 | 96 | 120 |
| MHMC | 211 | 621 | 832 |
| HCBF | 442 | 1,670 | 2112 |
| FMPII | 50 | 194 | 244 |
| Mentorship | 1173 | 2827 | 4000 |
| Outreach | 4,388 | 6,768 | 11,156 |
| S2S | 0 | 263 | 263 |

2.1 Programs to reduce human rights-related barriers to HIV services

Human rights Sensitization campaign meetings were conducted in all the three working wards sensitizing the local, religious, and opinion leaders on Human Rights related Barriers to HIV services. The total numbers of AGYW reached with the information were as follows;

The following information was shared during know your rights campaign;

Introduction to Human Rights and discussion of human rights principles relevant to HIV/AIDS, and the ways a person can protect someone's fundamental human rights. The following fundamental human rights principles were discussed in detail;

Patient rights in a healthcare facility.

A client has a right to receive health services that are accessible, acceptable and of quality.

Patient has a right to reproductive health, to access treatment obtained by a trained professional for condition scoring during pregnancy

The right to emergency medical treatment.

·Right to confidentiality.

Children under 5yrs have a right to free and compulsory vaccination.

Discussed sexual violence and the law, narrated different definitions and the background to sexual offences Act. The sexual offences and punishment Act like rapes were discussed and the penalties for violation.

|  |  |  |  |
| --- | --- | --- | --- |
| Module | GF PF Indicator | Targets | Performance |
| 2021 | 2021 |
| HTS | # of people reached with HTS | 3,900 | 4,381 |
| AGYW | # of adolescent girls and young women(AGYW)reached with HIV prevention programs-defined package of services | 3,900 | 4,129 |

The Redress mechanism, violation rights means when a government or any other duty bearer fails to respect, observe, protect, promote and fulfil human rights. Examples of human rights that are violated include; Breach of rights to privacy, breach of right to Work etc.

In case human rights violation one can visit the judiciary, HIV/AIDS tribunal and the Kenya national commission on human rights to seek justice, discussed different ways a person can get assistance for Rights violations of adolescents living with HIV/AIDS with the assistance from the pro bono lawyers.

|  |  |  |  |
| --- | --- | --- | --- |
| HRG | # of human rights violation cases reported | 0 | 04 |
| # of human rights violation cases addressed | 0 04 |

**PROGRAMME DOCUMENTATION**

Program successes.

**Success Story: Linked to post rape care-at the 68th hour through a community-based outreach.**

A story of Happiness a 16-year-old AGYW from Bomachoge Borabu sub county.

On her way to school for the second term where she is a form 2 student. Happiness met a lady whom she described as a family friend. The lady corrupted her mind through some incentives and sold her to a man in a nearby town for 3 days to offer sex.

After being released by the man and she was on her way to school, she came across an outreach that was ongoing next to her school and she decided to attend briefly before proceeding to school. As she sat there listening to the facilitators giving the health talk, she realized that she had some spots of blood around her private parts.

The field officer realized how Happiness was uncomfortable and approached her, they sought some privacy at a corner in the venue and that is where happiness narrated what she had gone through. The field officer quickly activated the post-rape-care process, she linked her to the HTS provider who tested her and initiated her on PEP. Happiness was quickly

rushed to the Sub County hospital where other tests were performed on her and was given emergency pills to prevent unwanted pregnancy.

She went back to school and when schools closed, she went back to hospital under the guidance of the field officer. She took the HIV and pregnancy tests and all turned negative.

The Community Adolescents Treatment Supporters (CATS) and the youth group aimed at supporting their peers to live positively without stigma and discrimination and to promote adherence to ART treatment. The program has ably created a safe space for the youths enabling them to access health services such as sexual and reproductive health services and ART treatment at the facility without reservations. During the implementation of the program, the number of youths accessing services at the facility doubled. The facility empowered community treatment supporters greatly to act independently by training them to provide HIV counseling to clients, dispensing ART drugs and other services at the facility. This has assisted greatly in adherence hence one of the beneficial under the care of the community treatment supporters delivered HIV negative baby in the facility recording a success story among AYPLHIV.

Investing in communities. This involves building up the capacity of community leaders to deliver human rights services, advocate against human rights violation and monitor their quality. It also involves scaling up peer-based support which has proved effective in improving adolescents' adherence to treatment and retention in care.

Scaling up successful interventions; such as peer support groups and mobile communication platforms i.e. use of WhatsApp and messages-to keep adolescents in care and adherence to drugs.

Community mobilization and participation has made substantial contributions to HIV prevention, including among AGYW. Large-scale community outreach was a key success in expanding community-based HIV testing through community outreaches, which also contributed towards empowering adolescents and youth towards changing norms and generating service demand.

Through facilitation stipend paid to our Volunteers during implementing of different interventions has empowered them economically i.e. coming up with income generating actives such as rearing of small poultry, taking up the burden of school fees, building shelters.

The program has improved linkage between local community, local administration and MOH facilities.

Challenges

Inconsistent condom usage by the youth which is evident by the high rates of teenage pregnancies in the county especially South Mugirango and Bomachoge Borabu sub counties.

Availability of HIV self-test kits in public health facilities has contributed greatly to the general population getting to know their HIV status.

Inability to acquire personal hygiene essentials such as sanitary pads make the AGYW to offer sex in exchange of the pads hence contributing to teenage pregnancies and HIV transmission.

The Covid-19 pandemic affected our service delivery mechanisms and it continues to impose unique challenges to the organization.

**3.0 PROGRAM PROGRESS UPDATE**

Here is a summary of the program implementation results for the second semester of 2021 (July to December, 2021).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Module | GF PF Indicator | Targets | Achievement | Variance | Explanationfor variance |
| HIV Testing Services | Number of people reached withHTS | 1060 | 366 | 694 | The variance is due tostock outs of HTS kits and Condoms form the ministry of health. |
| Prevention programsfor adolescents andyouth,in and out ofschool | Number of adolescent girls andyoung women(AGYW) reachedwith HIV prevention programs-defined package of services | 1060 | 1195 | 135 | Target achieved bypositive variance of 135participants. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prevention programsfor general population | Number of people reached with HIV prevention,treatment,care and support messages and services | 171 | 60 | 111 | The variance due to latestarting of TCS in the month of Decemberhence reaching out only60 defaulters. |
| Programs to reducehuman rights-relatedbarriers to HIV services | Number of human rights violationcases addressed | 0 | 3 |  |  |
| Treatment, care andsupport | Number of adults and childrenliving with HIV who receive care and support services outside facilities | 171 | 60 | 111 | The variance due to latestarting of TCS in themonth of December hence reaching out only60 defaulters. |

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**4.0 PROGRAM NARRATIVE**

In semester one July-December the following activities were carried out;

Participated in country entry meeting.

Conducted sub-county/link health facility entry meetings.

Conducted a 2-day sensitization of PEs on IPC and Contact Tracing.

Held Community Dialogue Sessions at CU level on COVID-19 Prevention.

Conducted Community mass sensitization on COVID-19 through PA systems.

Conducted Sensitization of CORPs on COVID-19 information to be disseminated in the community.

Capacity building to sensitize peer educators, CATs and AGYW EBI facilitators on SRH package to conduct community sensitization outreaches.

Conducted quarterly community-based clinical outreach to AGYW for HIV-Prevention, SRH information and services as well as human rights awareness.

Conducted EBIs, HCBF, MHMC & Mentorship

Engagement of CATS on monthly stipend on defaulter tracing and adolescents with high viral load.

Participated in county advocacy forum

Distribution of dignity kits to vulnerable adolescents and young women.

Psychosocial Support Groups

CATs & PEs micro planning meeting.

Conducted GBV TWG in the sub-counties

Sensitization of Parents on return to school policy

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**4.1.1 HIV Testing Services**

**TOTAL TESTED IN SEMESTER ONE IN ALL MONTHS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | <15 YRS | 15-19YRS | 20-24 YRS | TOTALREACH |
| SEX | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | M | F |
| TESTED | 00 | 02 | 50 | 243 | 14 | 57 | 64 | 302 |
| POSTIVE | 0 | 00 | 00 | 00 | 00 | 00 | 0 | 00 |

Conducted 13 quarterly community based outreaches targeting Adolescents and young women with HIV testing and prevention messages.

***During the semester the following*** *challenges**were**experienced;*

Stock outs of testing kits from the link facilities hence affecting the yield of HIV services rendered during the community outreaches.

·Stock outs of male condoms hence limiting the number of condoms issued in the community outreaches.

**4.1.2 Prevention Programs for Adolescents and Youth, In and** Out **of School**

In prevention programs for Adolescents in and out of school the following behavior intervention were carried out during the semester.

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|  |  |  |  |
| --- | --- | --- | --- |
| Intervention | Boys | Girls | Total |
| HCBF | 30 | 114 | 144 |
| MHMC | 34 | 110 | 144 |
| Mentorship | 63 | 187 | 250 |

**Total reach during Semester one community outreaches.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Row Labels | 10-14 | 15-19 | 20-24 | Grand Total |
| Female | 183 | 432 | 114 | 729 |
| Male | 58 | 98 | 22 | 178 |
| Grand Total | 241 | 530 | 136 | 907 |

The above table represents segregated according to age cohort of outreach total reach during the semester.

**4.1.3Treatment,Care and Support**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Count of AGE | ColumnLabels |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Row Labels | 7-11 | 12-16 | 17-21 | 22-26 | 27-31 | 32-36 | 37-41 | 42-46 | 47-51 | 52-56 | 57-61 | 62-66 | 67-71 | 77-82 | GrandTotal |
| F | 1 | 1 | 2 | 2 | 6 | 5 | 6 | 4 | 3 | 4 | 3 | 1 | 1 |  | 39 |
| M | 1 |  | 1 | 1 | 3 | 2 | 4 | 5 |  |  |  | 3 |  | 1 | 21 |
| Grand Total | 2 | 1 | 3 | 3 | 9 | 7 | 10 | 9DAUWOYE ANNUAL REPORT FOR 20 | 3 | 4 | 3 | 4 | 1 | 1 | 60 |

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In TCS the activities were started late in the month of December whereby we used community volunteers (CVs) tracing defaulters within their community units and returning them back to care. During the month 21 males and 39 females were reached out some returned to care and others being defaulters who are lost to follow up. We profiled 13 health facilities with high volume number of defaulters across all two implementing sub-counties.

4.2 **Lessons learnt/Best Practices.**

The program used the trainings conducted to identify AGYW champions. These champions were further trained to act as referral network for the girls AGYW champions who are from all the sub-counties are trained on the appropriate channels of communication to report sexual violations and violations of land and property rights

It is a good practice to ensure rigorous selection of trainees in every activity so that, confident, self-disciplined, hardworking and persistent trainees are found by screening them using a participatory process involving village elders, chiefs, parents and friends of the AGYW. This process, when conducted well, yields good trainees with a high completion rate who will in turn be able to train other AGYWs within the communities.

It is good practice to work and build on existing structures and align the Program activities to those of a government and community. Using these institutions and structures leave them stronger and sustainable.

Community mobilization and awareness is important in addressing community issues. Communities knowing their rights is important in community action. This action is precipitated by community mobilization and awareness.

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·Involvement of young people are being appreciated as a resource for changing the course of the epidemic. They are responsive to HIV prevention programs and are effective promoters of HIV prevention action. Investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS. Some of the agenda included introduction of the stakeholders and duty-bearers, AGYW invited reported some cases they have been dealing with or experiencing, pro-bono lawyers would then take up the cases and in these forums, some of the cases were documented by the pro-bono lawyers and the duty bearers

One significant outcome of this practice is the healthcare workers (nurses and clinical officers) laid out challenges in offering services to AGYW during community outreaches, dispelled myths and misconceptions concerning HIV/AIDS issues. This enabled the AGYW to better understand the perspectives of the Health workers as well as appreciate their work.

This practice also offered a good opportunity for the project and other community members to identify new stakeholders within the sub-county and build a strong network within the sub-county to give the AGYWs a safe space.

Community mobilization and awareness is important in addressing community issues. Communities knowing their rights is important in community action. This action is precipitated by community mobilization and awareness. There exists knowledge and expertise from the people we serve irrespective of their status in life. Their participation in Program planning as well as consulting them enriches the quality of Program implementation. For example, working with adolescent girls made the project aware of the special needs of the adolescent girls and young women.

Engaging the community through existing organizations, groups, and structures for education and support.

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**Challenges**

We operate on rented premises, which predisposes us to financial constraints. This also limits the sustainability of our organization because our model relies on donor funding to a significant extent.

We are at times, unable to reach members of the communities we serve because of the lack of an ambulance to serve our facilities. This resource can help increase access to care among patients within the community.

**Recommendations for future programming.**

Expand and strengthen our engagement with the learning institutions on partnership to for better dissemination of information to the target groups.

There is need to strengthen SMS platforms and reporting systems for GBV cases to accelerate access to justice.

Adolescents Girls and Young Women have a role to play in ensuring sexual reproductive health protection in their communities. It is important to scale up the engagement and capacity building of AGYW.

Future programming should focus on interventions targeting the weakest links in the referral system. There is need to rejuvenate law enforcement partners to improve responses to SRHR violations.

There is need to incorporate mental health services into future programs due to recent rise in suicidal rates.